Application or Docket Number

	PAIENT A	Effect		BP	31	021-1	N8-P4					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY				
TC	OTAL CLAIMS		14	14			ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEI	E 375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/ Y minus 20=		* 9	* Ø		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 = *		* 7	* \$\phi\$		X42=		OR	X84=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT	RESENT			ŀ	+140=			+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	+140=	22-	OR	+280=	
CLAIMS AS AMENDED - PART II								IUIAL	175	1 _{OK}	OTHER	THAN
		(Column 1)		(Colun	mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**	¥	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	V.	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM		1	+140=		OR	+280=	3
•							L	TOTAL			TOTAL	
2		(Column 1)			mn 2)	(Column 3)		DDIT. FEE		10H	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	*	Minus	**		=	1 1	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1 1	X42=		OR	X84=	
A	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1			
	12						L	+140= TOTAL	<u> </u>	OR	+280= TOTAL	
	1	10-1		(Oalumn 0)			Α	DDIT. FEE		OR	ADDIT. FEE	
Γ		(Column 1) CLAIMS		(Colur	HEST	(Column 3)	_	×	ADDI-	1 1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
ND	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	PENDEND	T CL Air	=		X42=		OR	X84=	
	ILINOI LHERE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4	1		31

TOTAL ADDIT. FEE

+140=

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.